# Managed Risk Medical Insurance Board
# Healthy Families Program Meeting Advisory Panel Meeting
# November 1, 2006
# West Sacramento, California

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| **Members Present:** | **Jack Campana, William Arroyo, M.D. Heather Bonser-Bishop, Steven Tremain, M.D., Paul Morris, D.D.S., Grapelyn Fentress, Ronald Diluigi, Iantha Thompson, Leonard Kutnik, M.D., Elizabeth Stanley-Salazar, Ellen Beck, M.D.** |
| **MRMIB Staff:** | **Janette Lopez, Denise Arend, Vallita Lewis, Adriana Valdez, Theresa Skewes, Melissa Ng, Ruben Mejia, Ernesto Sanchez, Rosemary Lamb, Cindy Wagstaff** |
| **Board Members:** | **Areta Crowell, Ph.D** |

## Introduction

Jack Campana, Healthy Families Program (HFP) Advisory Panel Chair, opened the meeting by introducing himself and asking the Panel members, staff and the audience to introduce themselves.

## Review and Approval of the August 2, 2006 Healthy Families Program (HFP) Advisory Panel Meeting Summary

The Panel made a motion to approve the August 2, 2006 HFP Advisory Panel Meeting Summary.

## Strategic Planning

Dr. Beck reminded the Panel that the two focus items from the Strategic Planning list are the Mental Health Carve out for Seriously Emotionally Disturbed (SED) children and California Children's Services (CCS) Orthodontia and they are both on the agenda for later in the meeting. Vallita Lewis, Deputy Director for Benefits and Quality Monitoring for MRMIB, stated that there is an issue paper that the Department of Health Services (DHS) staff has been working on regarding CCS orthodontia and it will be presented once it is finalized. It was determined that the Strategic Planning list be presented at each meeting to ensure that the list is being followed according to urgency and accessibility. Dr. Beck brought the Panel the report written by one of her student assistants, which identifies and addresses barriers that Latino families face when applying for HFP and it was

decided that the Panel review the full report for discussion at the next Advisory Panel meeting in February.

**State Legislative Update**

Janette Lopez, Deputy Director of the Eligibility, Enrollment and Marketing Division for the Managed Risk Medical Insurance Board (MRMIB), discussed the highlights of the Legislative Status report.

Mr. Campana asked for input on AB 2560 (Ridley-Thomas), which was signed in September of 2006. This bill is geared towards school based health centers. Ms. Lopez stated that she was not familiar with that bill. Mr. Campana stated that he would follow up on it himself.

Paul Morris, D.D.S., Another bill that was signed into law on September 26, 2006, which is in regards to oral health assessment AB1433 (Emmerson and Laird). It will require Public school children entering Kindergarten and First grade to present evidence of having received an oral health assessment by a licensed dental professional within twelve months of admission.

Mrs. Lewis stated that MRMIB was tracking this bill and it also requires the school to notify parents of the requirement and to provide a toll free number to connect with Medi-Cal Program or the HFP, if they do not currently have health and dental coverage for their children.

Dr. Steven Tremain, M.D., asked about the infrastructure within the dental profession to support this new bill so that these kids truly have access to this care. Gayle Mathe, California Dental Association (CDA), stated that this bill is intended to be used as a tool to educate parents on the importance of oral health. Ms. Mathe also stated that there are not any consequences for the children who do not fill out the forms and that the children will not be kept from going to school. The bill is intended on being an internal gateway to dental care. The school nurse will monitor that these assessments are properly filled out by a licensed dental professional and monitor each child that does or does not turn in a completed form.

Dr. Leonard Kutnik, M.D., asked why a school would tie up their personnel to work on such a task if the children are not penalized. Ms. Mathe responded that staff will be paid to monitor the program. The schools will be reimbursed a certain amount per completed assessment that is turned into the school.

The Panel decided to put these two bills, AB2560 (Ridley-Thomas) and AB1433 (Emmerson and Laird) on the Agenda for the next meeting in order to obtain more information on who is reimbursed, what the penalties are and how it is implemented.

Ms. Lopez gave a brief overview of SB 437 (Escutia). Ms. Lopez clarified that the bill expressed the Legislature's intent that all children in California have health care coverage by December 1, 2010 rather than 2020 as written materials indicated. Ms. Lopez explained that SB 437 (Escutia) establishes presumptive eligibility for HFP, which will replace the current bridging process for children who are coming to HFP from the Medi-Cal program. Children granted presumptive eligibility will have ongoing health care coverage via the Medi-Cal program, until a final HFP eligibility determination has occurred. SB 437 (Escutia) also provides children newly applying for coverage at the county presumptive eligibility in HFP based on the counties eligibility screening. Both processes will be done electronically in cooperation with the counties, the Department of Health Services (DHS) and HFP. Ms Lopez will provide updates to the Advisory panel as progress is made.

This bill also requires MRMIB to modify the HFP Annual Eligibility Review (AER) process to allow a family to self-certify their income. SB 437 (Escutia) expresses the need for a separate bill to be established for the appropriation of funds for the implementation.

Dr. Beck asked if there was a list with contact information of optional programs to give applicants that are not eligible for the HFP. Ms. Lopez stated that MRMIB maintains and updates the list on the school based outreach website in order to stay connected with all of the local children's health programs. Ms. Lopez said that if a person applies through Health-e-App and are found ineligible, Health-e-App will direct that applicant to the local Healthy Kids Program if one exists in their county. MRMIB also includes the list of other programs in the training of Certified Application Assistant (CAA).

**UCSF Study on HFP Approach for Coverage of Seriously Emotionally Disturbed (SED) Children**

Dr. Dana Hughes, with the University of California, San Francisco (UCSF), presented a report on the investigation that UCSF conducted regarding the HFP carve out to County Mental Health Departments for SED services. Dr. Hughes presented a list of recommendations to improve services to SED children.

The Panel asked whether or not the issue of the funding was examined during the investigation. The Panel requested that more fiscal information be included on studies such as the one done by UCSF so that people can see if it will be feasible to address the issue.

Mrs. Lewis stated that the State Department of Mental Health (DMH) is having counties submit proposals in order to secure Prop 63 funding. MRMIB staff has already begun discussion with DMH around issues and problems that have been identified in HFP.

Dr. Crowell stated that the carve-out resulted from a law change that redirected responsibility for all services to SED children to the counties. Since counties are required to pay for these services, MRMIB can leverage county money by using it with HFP. At that time the California Institute for Mental Health received a Packard grant to help establish how the carve out would be implemented. MRMIB required HFP plans to report on the number of referrals made and the number of children receiving mental health benefits from plans. The issue for the Board is how we make sure children are getting the services that they need. Mental Services Act money funded two positions at MRMIB for follow up on the studies, specifically what is happening to children referred to the county, what are the health plans doing, and for substance abuse services evaluation.

Mrs. Lewis stated that MRMIB staff will be presenting two new documents at the November Board meeting. The first document will address the recommendations of the UCSF study; identify other stakeholders that MRMIB may collaborate with to implement the recommendations; and identify specific timelines for achieving those recommendations. The second document is the solicitation for phases 2 and 3 of the study.

The Panel stated that it doesn't seem that the mandate is to look into the structure and improve on the best way to provide healthcare. Continuity of care is an important issue particularly in mental health. When a parent is told that they will need to change providers because their child requires SED services, they are reluctant to change and some do not accept the recommendation. MRMIB has to set a timeframe and goals to really decide if this is the best way to continue care for a specific child.

Panel members expressed that parents feel there is a divide when it comes to the external communication process of educational system and the healthcare system. As a result of this, the parent becomes the advocate. The children are the most important element, not the process, and the schools need to be educated. Mr. Campana commented on how it is a shame that the communication barriers have not been broken through given the opportunity provided by the Mental Health Services Act.

Mr. Campana asked if MRMIB can provide a logic model with potential outcomes, processes, and an evaluation to see what MRMIB is trying to accomplish with the carve-out. Mrs. Lewis stated that she will discuss the feasibility of doing such a model with the Benefits and Quality Monitoring Division staff. Mrs. Lewis also mentioned that the Solicitation Package for phases II and III calls for researchers to follow up on several issues identified in phase I. MRMIB will look to see if it will be useful to add this task to the solicitation project or if it will be something best suited having the internal MRMIB staff work on. Mr. Campana stated that Mrs. Lewis would be the key person at the next meeting.

The Panel discussed the issue of having enough mental health care providers available to the children. There are some counties and providers that are doing a good job, but there is an issue of how it is working and maintaining a system that will work. Mrs. Lewis stated that a problem usually develops when a family feels that a plan is doing a good job and does not want to switch providers for any reason. The plan has a responsibility to provide the services for this child if the family does not want to change providers to a specific SED doctor. There is no requirement that a family accept the referral.

**Dental**

Mrs. Lewis explained the 2007/2008 Special Access Dental Plan Procurement that MRMIB has initiated. MRMIB is seeking proposals from dental plans that have providers under contract or on staff who would be available and willing to serve HFP subscribers in areas where dental care is limited. These providers should not be available currently to HFP subscribers through any other participating HFP dental plans. Mrs. Lewis stated that the goal is to increase the supply of dentists in identified counties with dental professional shortages. Mrs. Lewis also reported that the process will include two phases; a Phase I Qualifications Screening and Phase II Contract and Rate proposal Submission. Plans submitting a phase I Qualifications Proposal will be notified by December 13, 2006 whether they provided sufficient information in order to be invited to complete a Phase II submission. Phase II documents must be submitted by December 28, 2006.

The Panel had doubts that contracting new providers would aide in the access problem for HFP Subscriber families and asked if information on fair market rates for reimbursements are available as benchmarks. Ms. Lopez stated that the HFP model is a capitated model and MRMIB's relationship is with the HFP dental plans.

The Panel suggested that MRMIB add a few requirements to the reprocurement to require prospective plans to identify how many HFP subscribers each dentist will see per month, and monitor if each plan is meeting the required numbers for each rural network. The Panel also suggested that plans report on the number of orthodontists that will be in these rural networks willing to assess children and facilitate entry into CCS. If plans are willing to report how many children will be served, then MRMIB will need to have a mechanism to follow-up with the plans to make sure the dentists are providing the services.

Mrs. Lewis stated that the proposed HFP Dental Advisory Committee will address dental quality issues. Dr. Morris asked whether the Dental Advisory Committee had been established yet. Mrs. Lewis stated that staff's first priority has been initiating a Quality Performance Improvement Project with the dental plans in order to identify strategies that can be used to improve the plan's quality scores. The Panel discussed appropriate membership for the Committee, urging

staff to include subscribers. At the next meeting the Panel would like a copy of the Committee membership.

Mr. Campana made an announcement that the 2007 Advisory Panel meeting schedule has been made and that the day of the quarterly meeting has been changed from the first Wednesday of each month to the first Tuesday of each month.

Mrs. Lewis provided a follow-up report to the 2004 Dental Quality Measurement Report that was presented to the Panel at the August 2, 2006 meeting. She discussed the steps that the Benefits Quality Monitoring staff has taken since the release of the Report to address low scores reported by some of the dental plans. Mrs. Lewis reported that each dental plan was contacted to discuss their scores and specific strategies the plan had implemented or could implement to facilitate improvements in their scores. Mrs. Lewis provided a detailed description of the strategies used by Delta Dental to maintain high scores in comparison to the other dental plans. In addition, she also summarized new strategies that Premier Access and Safeguard Dental proposed to implement in their corrective action plans. Mrs. Lewis stated that the discussions with the dental plans were a good starting point and feedback from the Dental Advisory Committee should provide more ideas on how the plans improve performance

Ms. Lewis reported that the DHS Dental Workgroup has been having ongoing discussions on CCS access issues. She summarized concerns that have been expressed regarding the current payment methodology for CCS dental provider and alternatives that may be pursued through DHS or the California Dental Association. Ms. Lewis also reported that she did not have any new information on the status of the white paper that DHS staff in the Children's Medical Services (CMS) Branch have been drafting to address the CCS orthodontia access issues.

**2007 Open Enrollment Update**

Ms. Lopez discussed the HF Open Enrollment (OE) Process and the Options Paper that was mentioned at the August meeting. She stated that the Board approved implementing the postcard method.

**HFP Regulations to Implement 2006 Health Trailer Bill Language**

Ms. Lopez briefly reviewed the HFP Regulations for the 2006 Health Trailer Bill language and discussed the three changes in the HFP that the regulations will affect. HFP will no longer require a premium to be submitted with an application. If a health, dental or vision plan is not selected, the HFP will attempt to contact the family for a selection however at the end of 20 days if the program could not reach the family, a plan will be selected for the children. The program continues to have the rule that families have three months to change a plan for any reason. The Regulations also specify an increase in the Enrollment Entity/Certified

Application Assistant (CAA) reimbursements effective July 1, 2006. Ms. Lopez stated that the rate for an assisted annual eligibility review was $25 and is being increased to $50, and the rate for the submission of Health-e-Apps was $50 and it is now $60.

**Reports of Interest**

Ms. Lopez noted the Administrative Vendor Performance report that shows data from September and August of this year. These reports identify performance standards regarding timeliness standards which MAXIMUS continues to meet. In August of 2006, MRMIB entered into a contract amendment with MAXIMUS and added new accuracy standards that are effective beginning with November 2006 data. These standards are reported as goals because they are not yet contracted standards. Ms. Lopez noted that at 98% required accuracy, MRMIB's contract standards are the highest standards nationally for the Medicaid and SCHIP programs. The state that comes closest to some of these standards is Iowa with 97% accuracy requirement. Mr. Campana congratulated the staff at MRMIB and MAXIMUS on their excellent performance.

Dr. Kutnik asked that the Advisory Panel be provided with updates that show trends to monitor compliance. Ms. Lopez informed Dr. Kutnik that the contract requirement is to meet the standard which is reported monthly to the MRMIB Board and is shared with the Advisory Panel at each of its meetings.

Ms. Lopez announced that the appeals backlog has been eliminated. Ms. Lopez stated that she is preparing a document that will detail the "Lessons Learned" about administrative vendor transition in general. The Panel expressed their interest in reading the completed document.

The meeting was adjourned.